

CLAIMS ONLY

Application Number
101719609

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1					/	
2						
3						
4						/
5						/
6						/
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49						
50						
Total Indep					3	
Total Depend					91	
Total Claims					24	

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

Arrows indicate the flow of data from the left table to the right table, specifically pointing from the 'Depend' column of the left table to the 'Indep' column of the right table, and from the 'Total Depend' row of the left table to the 'Total Indep' row of the right table.